

Surprise Billing

An Overview of State and Federal Legislation

OFFICE OF LEGISLATIVE RESEARCH AND GENERAL COUNSEL

Health Reform Task Force

June 17, 2019



What's the problem?

What?

Unexpected billing to an insured by an out-of-network provider



What's the problem?

What?

Unexpected billing to an insured by an out-of-network provider

Where?

- In-network facilities
 - ED
 - Non-ED
- Out-of-network facilities
 - ED
 - Non-ED



↑ P	Children's Main Entry
→ P	Main Entry
→ P	Maternity Entry
→ P	Cancer Center
→ P	Med Office Bldg



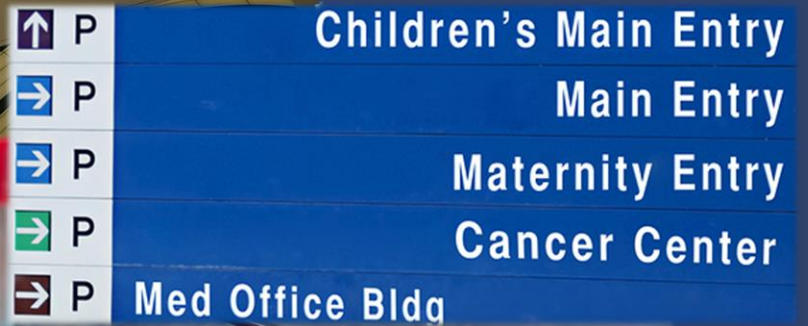
What's the problem?

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Unexpected billing to an insured by an out-of-network provider

Where?

- In-network facilities
 - ED
 - Non-ED
- Out-of-network facilities
 - ED
 - Non-ED
- Out-of-networks services not associated with a facility
- Ambulance
- Labs and other diagnostics





What's the problem?

What?

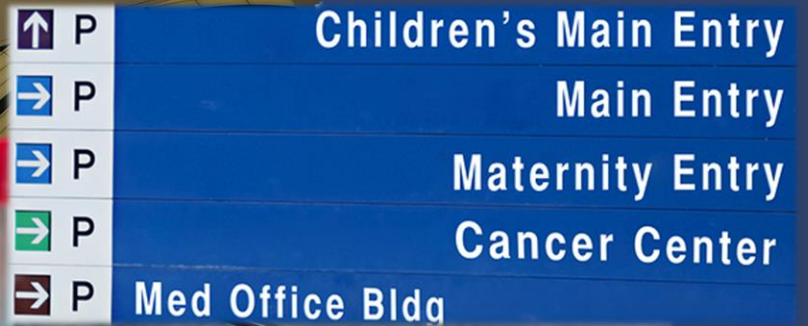
Unexpected billing to an insured by an out-of-network provider

Where?

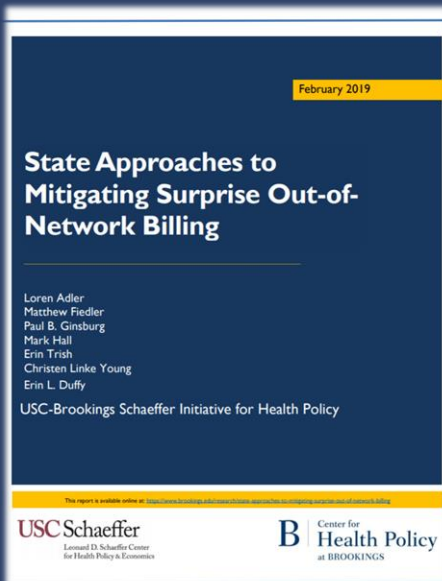
- In-network facilities
 - ED
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Who?

- ED physicians
- Ancillary providers
 - Anesthesiologists
 - Radiologists
 - Pathologists
 - Assistant surgeons
- Hospitalists
- Neonatologists

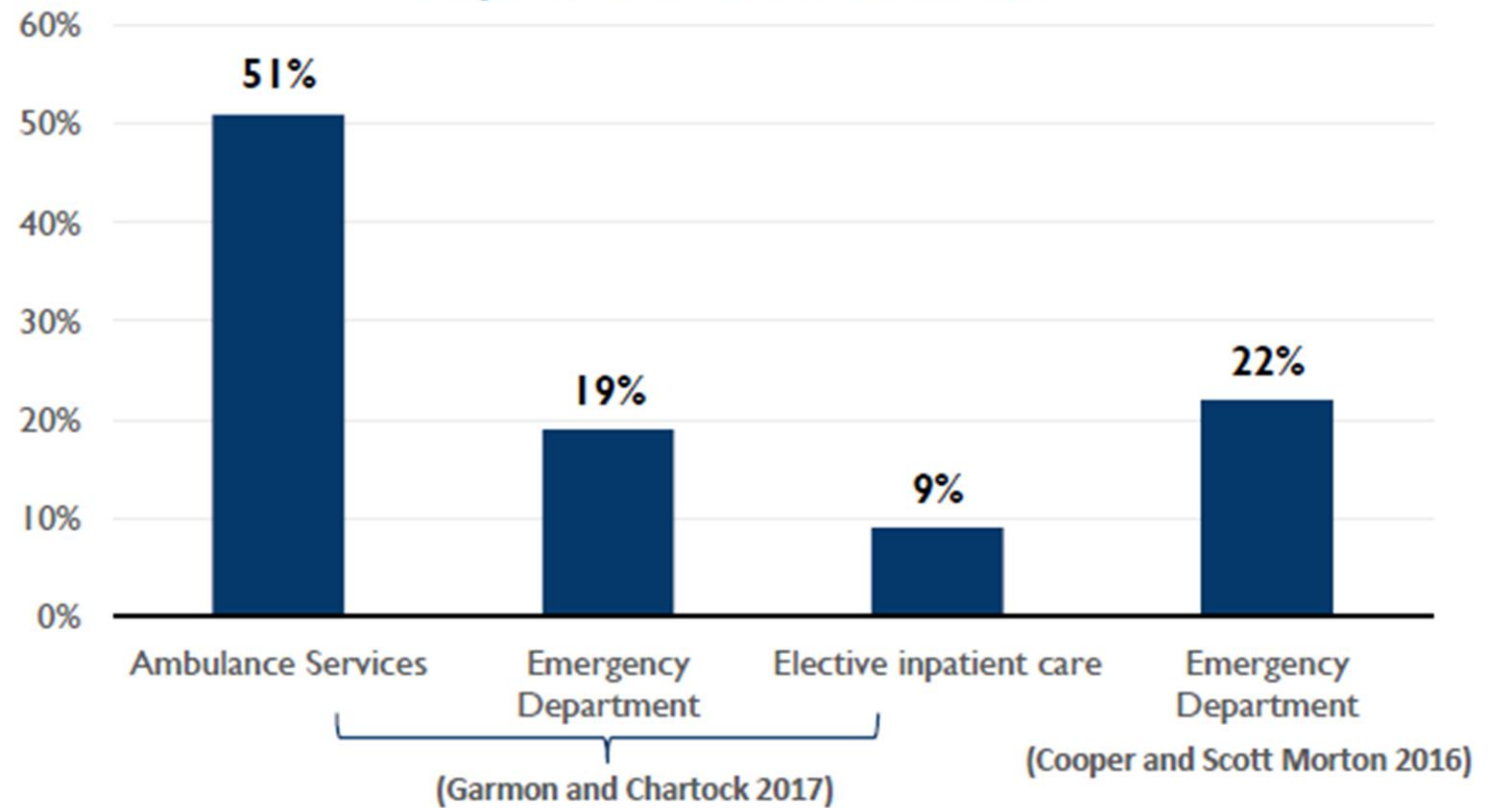


Potential Prevalence



<https://www.brookings.edu/wp-content/uploads/2019/02/State-Approaches-to-Mitigate-Surprise-Billing-February-2019.pdf>

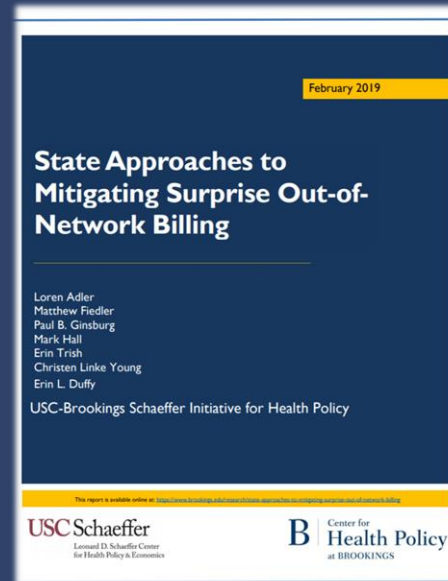
Figure 1. Percentage of Visits Leading to a Potential Surprise Out-of-Network Bill



Source: Garmon and Chartock 2017; Cooper and Scott Morton 2016

Note: For the percentages based on the Garmon/Chartock study, 19% represents the percentage of outpatient ED cases, including those to an out-of-network ED, that could result in a potential surprise balance bill.

Potential Significance



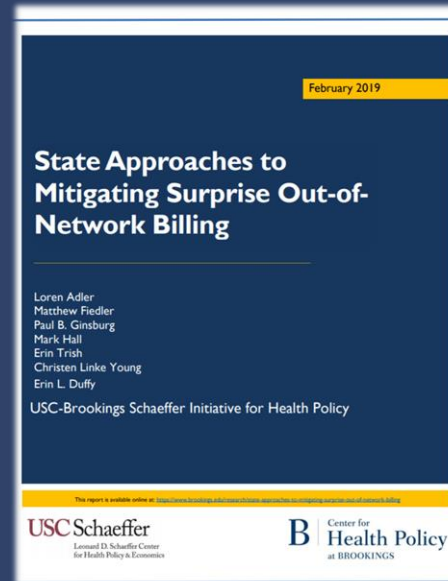
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Table I. Ratio of Charges to Medicare Rates by Physician Type, CY 2016

	Median	20 th Percentile	80 th Percentile
Emergency and Ancillary Physicians			
Anesthesiology	5.51		
Emergency Medicine	4.65		
Diagnostic Radiology	4.02		
Pathology	3.43		
Other Specialists			
Cardiology	2.59		
Orthopedic Surgery	2.48		
General Surgery	2.39		
Primary Care			
Family Practice	2.03		
Internal Medicine	2.03		
Summary			
All Physicians	2.39		
All Emergency and Ancillary Physicians	4.03		
All Other Specialists (Not Emergency and Ancillary Physicians)	2.27		
All Primary Care	2.03		

Source: Authors' analysis of Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use Files, calendar year 2016. All Other Specialists includes all other specialist physicians included in the data, i.e., it is not restricted to only those examples listed under other specialists in the table.

Potential Significance



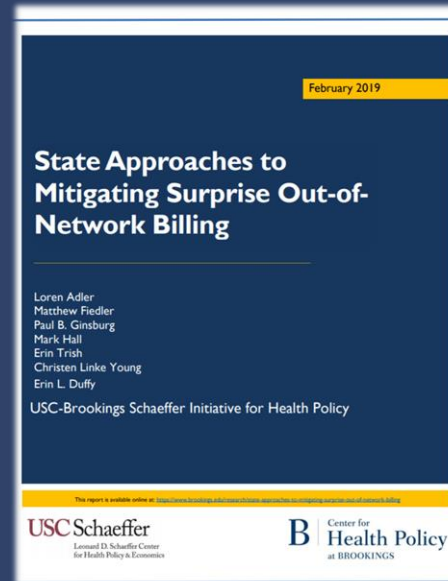
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Emergency and Ancillary Physicians			
Anesthesiology	5.51	2.52	11.08
Emergency Medicine	4.65	2.79	7.50
Diagnostic Radiology	4.02	2.64	8.03
Pathology	3.43	2.25	5.10
Other Specialists			
Cardiology	2.59	1.73	4.57
Orthopedic Surgery	2.48	1.68	3.91
General Surgery	2.39	1.68	4.13
Primary Care			
Family Practice	2.03	1.38	3.82
Internal Medicine	2.03	1.39	3.45
Summary			
All Physicians	2.39	1.49	4.60
All Emergency and Ancillary Physicians	4.03	2.57	8.00
All Other Specialists (Not Emergency and Ancillary Physicians)	2.27	1.46	4.01
All Primary Care	2.03	1.39	3.54

Source: Authors' analysis of Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use Files, calendar year 2016. All Other Specialists includes all other specialist physicians included in the data, i.e., it is not restricted to only those examples listed under other specialists in the table.

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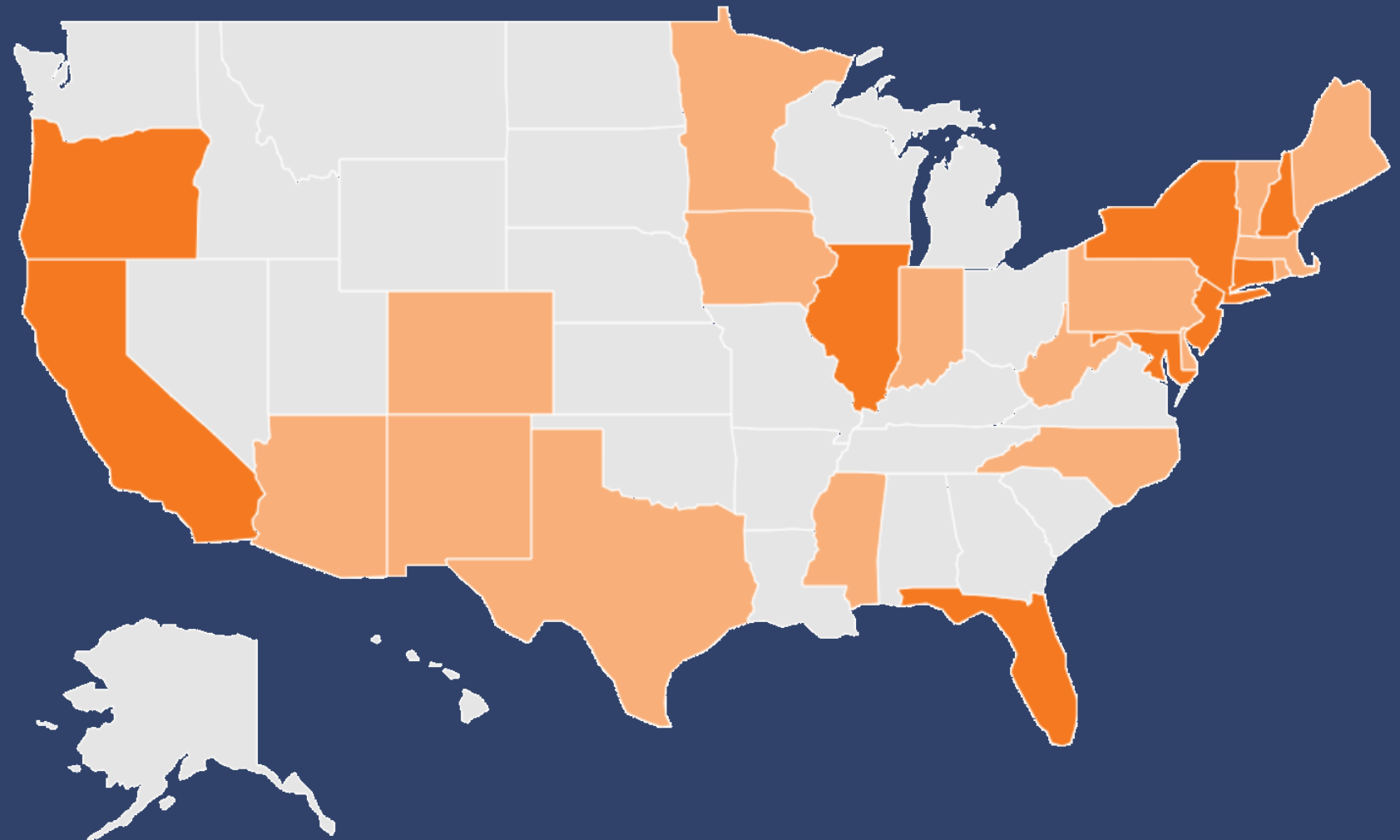
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State Responses

Comprehensive: 9
Partial: 16

State Laws Protecting Against
Balance Billing by Out-of-
Network Providers in Emergency
Departments or In-Network
Hospitals



Source: Jack Hoadley, Kevin Lucia, and Maanasa Kona, "State Efforts to Protect Consumers from Balance Billing Continue, While Momentum Builds for Federal Action," To the Point (blog), Commonwealth Fund, Jan. 18, 2019. <https://doi.org/10.26099/G10E-A246>, accessed 6/10/19 at <https://www.commonwealthfund.org/blog/2019/state-efforts-protect-consumers-balance-billing>

Data: Data collection and analysis as of January 2019 by researchers at the Center on Health Insurance Reforms, Georgetown University Health Policy Institute.

● No protections (25 states and D.C.) ● Partial protections (16 states) ● Comprehensive protections (9 states)



State Responses

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State Laws Protecting Against Balance Billing by Out-of- Network Providers in Emergency Departments or In-Network Hospitals

Type of protection	
Hold harmless	Provider prohibition
23	14

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State Laws Protecting Against Balance Billing by Out-of- Network Providers in Emergency Departments or In-Network Hospitals

Type of protection		State-specific method for payment	
Hold harmless	Provider prohibition	Payment standard	Dispute resolution process
23	14	6	10

Source: Jack Hoadley, Kevin Lucia, and Maanasa Kona, "State Efforts to Protect Consumers from Balance Billing Continue, While Momentum Builds for Federal Action," To the Point (blog), Commonwealth Fund, Jan. 18, 2019. <https://doi.org/10.26099/G10E-A246>, accessed 6/10/19 at <https://www.commonwealthfund.org/blog/2019/state-efforts-protect-consumers-balance-billing>

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State Laws Protecting Against Balance Billing by Out-of-Network Providers in Emergency Departments or In-Network Hospitals

Setting	
Emergency department	Nonemergency care in network hospital
22	17

Type of protection		State-specific method for payment	
Hold harmless	Provider prohibition	Payment standard	Dispute resolution process
23	14	6	10

Source: Jack Hoadley, Kevin Lucia, and Maanasa Kona, "State Efforts to Protect Consumers from Balance Billing Continue, While Momentum Builds for Federal Action," To the Point (blog), Commonwealth Fund, Jan. 18, 2019. <https://doi.org/10.26099/G10E-A246>, accessed 6/10/19 at <https://www.commonwealthfund.org/blog/2019/state-efforts-protect-consumers-balance-billing>

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State Laws Protecting Against Balance Billing by Out-of-Network Providers in Emergency Departments or In-Network Hospitals

Setting		Type of managed care plan		Type of protection		State-specific method for payment	
Emergency department	Nonemergency care in network hospital	HMO	PPO	Hold harmless	Provider prohibition	Payment standard	Dispute resolution process
22	17	25	21	23	14	6	10

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State	Setting		Type of managed care plan		Type of protection		State-specific method for payment	
	Emergency department	Nonemergency care in network hospital	HMO	PPO	Hold harmless	Provider prohibition	Payment standard	Dispute resolution process
	22	17	25	21	23	14	6	10
Comprehensive approach (9 states)								
California	✓	✓	✓	✓ (a)	✓	✓	✓ (m)	(n)
Connecticut	✓	✓	✓	✓	✓	✓	✓	
Florida	✓	✓	✓	✓	✓	✓	✓ (b)	✓
Illinois	✓	✓	✓	✓	✓ (c)	✓ (d)		✓
Maryland	✓	✓	✓	✓	✓ (e)	✓ (d)	✓ (e)	
New Hampshire	✓ (k)	✓	✓	✓		✓		✓
New Jersey	✓	✓	✓	✓	✓	✓		✓ (o)
New York	✓	✓	✓	✓	✓	✓ (d)		✓ (p)
Oregon	✓ (k)	✓	✓	✓		✓	✓	

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State	Setting		Type of managed care plan		Type of protection		State-specific method for payment	
	Emergency department	Nonemergency care in network hospital	HMO	PPO	Hold harmless	Provider prohibition	Payment standard	Dispute resolution process
Limited approach (16 states)								
Arizona	✓ (k)	✓ (s)	✓ (t)	✓ (q)	✓	(r)		(l)
Colorado	✓	✓	✓	✓	✓			
Delaware	✓ (f)		✓	✓	✓	✓		✓
Indiana	✓		✓		✓	✓		
Iowa	✓		✓	✓	✓			
Maine		✓ (i)	✓	✓	✓	✓	✓	
Massachusetts		✓	✓	✓	✓			
Minnesota		✓ (j)	✓	✓	✓			✓
Mississippi	✓	✓	✓	✓	✓	✓ (d)		
New Mexico	✓		✓	✓	✓			
North Carolina	✓		✓	✓	✓			
Pennsylvania	✓		✓	✓ (g)	✓			
Rhode Island	✓	✓	✓		✓			
Texas	✓	✓	✓ (h)		✓			(l)
Vermont	✓		✓	✓	✓			
West Virginia	✓		✓		✓			

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Notes:

- (a) In California, balance-billing protections in the emergency department setting apply only to those plans regulated by the California Department of Managed Care, which includes HMOs and most PPOs.
- (b) In Florida, payment standards apply to PPOs, but for HMOs they apply only for nonnetwork providers of emergency services.
- (c) In Illinois, protections apply only to facility-based providers.
- (d) In Illinois, Maryland, and Mississippi, balance-billing protections attach when the consumer assigns the benefit to the provider. The linkages to assignment apply to PPOs in Maryland only. In New York, assignment of benefits is required only in nonemergency cases in in-network hospitals in New York, but not in any other settings.
- (e) In Maryland the hold harmless and payment standards for PPOs apply only to on-call physicians and hospital-based physicians who obtain assignment of benefits. They apply to HMO providers in all situations.
- (f) In Delaware, balance-billing protections in the emergency department setting also apply to services originated in a hospital emergency facility or comparable facility following treatment or stabilization of an emergency medical condition as approved by the insurer with respect to services performed by nonnetwork providers, provided that the insurer is required to approve or disapprove coverage of poststabilization care.
- (g) In Pennsylvania, emergency service balance-billing protections apply only to HMOs and PPOs that require gatekeepers.
- (h) In Texas, HMO and EPO members must be held harmless, but those in PPOs may be balance-billed. State law requires PPOs to disclose the possibility of balance billing to consumers and allows consumers to pursue dispute resolution for amounts of \$500 or greater. Also, PPOs must base payments on usual and customary billed charges in emergency settings or those where no in-network provider is reasonably available. This minimum payment amount is designed to minimize the use of balance billing.
- (i) In Maine, the protection does not include a bill for health care services received by an enrollee when a network provider was available to render the services and the enrollee knowingly elected to obtain the services from another provider who was out of network.
- (j) In Minnesota, the protection applies when the service is provided because of unavailability of a participating provider or without the enrollee's knowledge or because of the need for unforeseen services arising at the time the service is rendered.
- (k) In Arizona, New Hampshire, and Oregon, the protection applies only for emergency services provided by a nonparticipating provider in a network hospital.
- (l) In Arizona and Texas, a dispute-resolution process is available for claims exceeding a specified amount.
- (m) In California, the payment standard is less specific in situations involving emergency services.
- (n) California has available a dispute-resolution process for out-of-network care at network facilities if the regular process for applying the payment standard fails in some way. The state also has a voluntary, nonbinding dispute-resolution process for emergency services, but it has never been used.
- (o) In New Jersey, there is a \$1,000 threshold for invoking the dispute-resolution process, but the consumer is held harmless even if dispute resolution is not used.
- (p) In New York, certain emergency services (specified by CPT codes) are exempt from the independent dispute-resolution process if the bill does not exceed 120 percent of the usual and customary cost and the fee disputed is \$672.01 (adjusted annually for inflation rates) or less after any applicable coinsurance, copayment, and deductible. The consumer is held harmless for emergency services even if dispute resolution is not used.
- (q) In Arizona, protections apply only to health plans that cover out-of-network care.
- (r) In Arizona, providers are not prohibited from balance billing PPO members. But in cases where a dispute-resolution process is used, a balance bill cannot be submitted after the arbitrator has made a decision.
- (s) In Arizona, protection in nonemergency situations is contingent on disclosure to the consumer. But if the consumer declines to agree to the disclosure, the protections still apply.
- (t) According to state interpretation, the Arizona protection covers enrollees in HMOs.

Source: Jack Hoadley, Kevin Lucia, and Maanasa Kona, "State Efforts to Protect Consumers from Balance Billing Continue, While Momentum Builds for Federal Action," *To the Point* (blog), Commonwealth Fund, Jan. 18, 2019. <https://doi.org/10.26099/G10E-A246>



State Responses

Transparency Requirements

Additional State Laws
Addressing Balance Billing by
Out-of-Network Providers

Transparency requirements for providers		
Requires notice that out-of-network services or fees may be charged (where applicable).	Requires patient authorization prior to receipt of out-of-network services in the case of non-emergency situations.	Requires distribution of cost estimates, including out-of-network costs, upon request.
1 X	3 X	5
X		X
X		

Source: Comprehensive State Laws Enacted to Address Surprise Balance Billing. National Academy for State Health Policy, Updated March 14, 2019. Accessed June 2019 at <https://nashp.org/wp-content/uploads/2019/03/Surprise-Billing-Laws-Chart-final-for-pdf-3.14.19.pdf>.



State Responses

Transparency Requirements

Additional State Laws Addressing Balance Billing by Out-of-Network Providers

Transparency requirements for providers			Transparency requirements for carriers	
Requires notice that out-of-network services or fees may be charged (where applicable).	Requires patient authorization prior to receipt of out-of-network services in the case of non-emergency situations.	Requires distribution of cost estimates, including out-of-network costs, upon request.	Requires distribution of educational materials explaining out-of-network benefits and risks.	Requires monthly (at minimum) provider directory updates.
1 X	3 X	5	5 X	7 X
X		X		X
X			X	X

Source: Comprehensive State Laws Enacted to Address Surprise Balance Billing. National Academy for State Health Policy, Updated March 14, 2019. Accessed June 2019 at <https://nashp.org/wp-content/uploads/2019/03/Surprise-Billing-Laws-Chart-final-for-pdf-3.14.19.pdf>.



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Comprehensive State Laws Enacted to Address Surprise Balance Billing

*Updated March 14, 2019

States have taken various legislative approaches to protect consumers from surprise balance billing, from outright prohibitions on surprise balance billing in certain circumstances to transparency requirements that enhance consumer education and awareness of out-of-network health care services. This chart highlights multiple provisions that states have enacted to create comprehensive strategies to regulate surprise balance billing.

	Prohibits billing in excess of in-network rates in the case of surprise bills		Holds consumers harmless in the case of surprise billing disputes between providers and carriers.	Sets reimbursement standards for surprise balance bills.	Transparency requirements for providers			Transparency requirements for carriers		Creates a dispute resolution process, governed by the state or an independent entity, to resolve surprise balance bills.
	For emergency services	For non-emergency services ¹			Requires notice that out-of-network services or fees may be charged (where applicable).	Requires patient authorization prior to receipt of out-of-network services in the case of non-emergency situations.	Requires distribution of cost estimates, including out-of-network costs, upon request.	Requires distribution of educational materials explaining out-of-network benefits and risks.	Requires monthly (at minimum) provider directory updates.	
CA	X	X	X	Greater of: ² <ul style="list-style-type: none"> Average contracted rate 125% of Medicare charges 	1 X	3 X	5	5 X	7 X	X
CT	X	X	X	Greater of: <ul style="list-style-type: none"> Amount carrier would pay an in-network provider The usual, customary and reasonable rate Medicare rate 	X		X		X	
FL	X	X	X	The lesser of:	X			X	X	X



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Additional State Laws Addressing Balance Billing by Out-of-Network Providers

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FL				<ul style="list-style-type: none"> The provider's charges The usual and customary provider charges for similar services in the community where the services were provided The charge mutually agreed to by the carrier and the provider 						
IL	X	X ³	X		X			X		X ⁴
NH	X	X ⁵		Fees will be based on the commercially reasonable value, based on payments for similar services from New Hampshire insurance carriers to New Hampshire						X



State Responses

Transparency Requirements

Additional State Laws Addressing Balance Billing by Out-of-Network Providers

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*Updated March 14, 2019

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				health care providers.						
NJ				If a provider and carrier cannot agree on a fee, an independent arbiter will make a determination of cost considering: <ul style="list-style-type: none">• The level of training, education, and experience of the health care professional• The provider's usual charge for comparable services• The circumstances and complexity of the particular case	X		X	X	X	X



State Responses

Transparency Requirements

Additional State Laws Addressing Balance Billing by Out-of-Network Providers

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	For emergency services	For non-emergency services ¹			Requires notice that out-of-network services or fees may be charged (where applicable).	Requires patient authorization prior to receipt of out-of-network services in the case of non-emergency situations.	Requires distribution of cost estimates, including out-of-network costs, upon request.	Requires distribution of educational materials explaining out-of-network benefits and risks.	Requires monthly (at minimum) provider directory updates.	
NJ				<ul style="list-style-type: none">Individual patient characteristicsThe average in-network and out-of-network amounts paid by the carrier						
NY	X	X		<p>If a provider and carrier cannot agree on a fee, an independent arbiter will make a determination of cost considering:</p> <ul style="list-style-type: none">Provider training, education, experience, and usual charge for disputed servicesThe circumstances of the case	X		X	X	X	X



State Responses

Transparency Requirements

Additional State Laws Addressing Balance Billing by Out-of-Network Providers

*Updated March 14, 2019

	Prohibits billing in excess of in-network rates in the case of surprise bills		Holds consumers harmless in the case of surprise billing disputes between providers and carriers.	Sets reimbursement standards for surprise balance bills.	Transparency requirements for providers			Transparency requirements for carriers		Creates a dispute resolution process, governed by the state or an independent entity, to resolve surprise balance bills.
	For emergency services	For non-emergency services ¹			Requires notice that out-of-network services or fees may be charged (where applicable).	Requires patient authorization prior to receipt of out-of-network services in the case of non-emergency situations.	Requires distribution of cost estimates, including out-of-network costs, upon request.	Requires distribution of educational materials explaining out-of-network benefits and risks.	Requires monthly (at minimum) provider directory updates.	
				<ul style="list-style-type: none">The usual and customary cost of serviceDisparities between the provider's fee and that paid by the carrier for similar services						
OR	X	X	X	Rates set under the Oregon regulatory authority. ⁶	X					

¹ Except as otherwise noted, this applies when out-of-network services were received in an in-network facility and patients were either 1) not given notice that services would be performed by an out-of-network provider, or 2) not given the ability to choose an in-network provider.

² Applies in the case of non-emergency services only.

³ Specifies the law applies to radiology, anesthesiology, pathology, emergency physician, or neonatology providers.

⁴ Required the Department of Insurance to publish an approved list of arbitrators for provider billing disputes.

⁵ Limited to providers performing anesthesiology, radiology, emergency medicine, or pathology services.

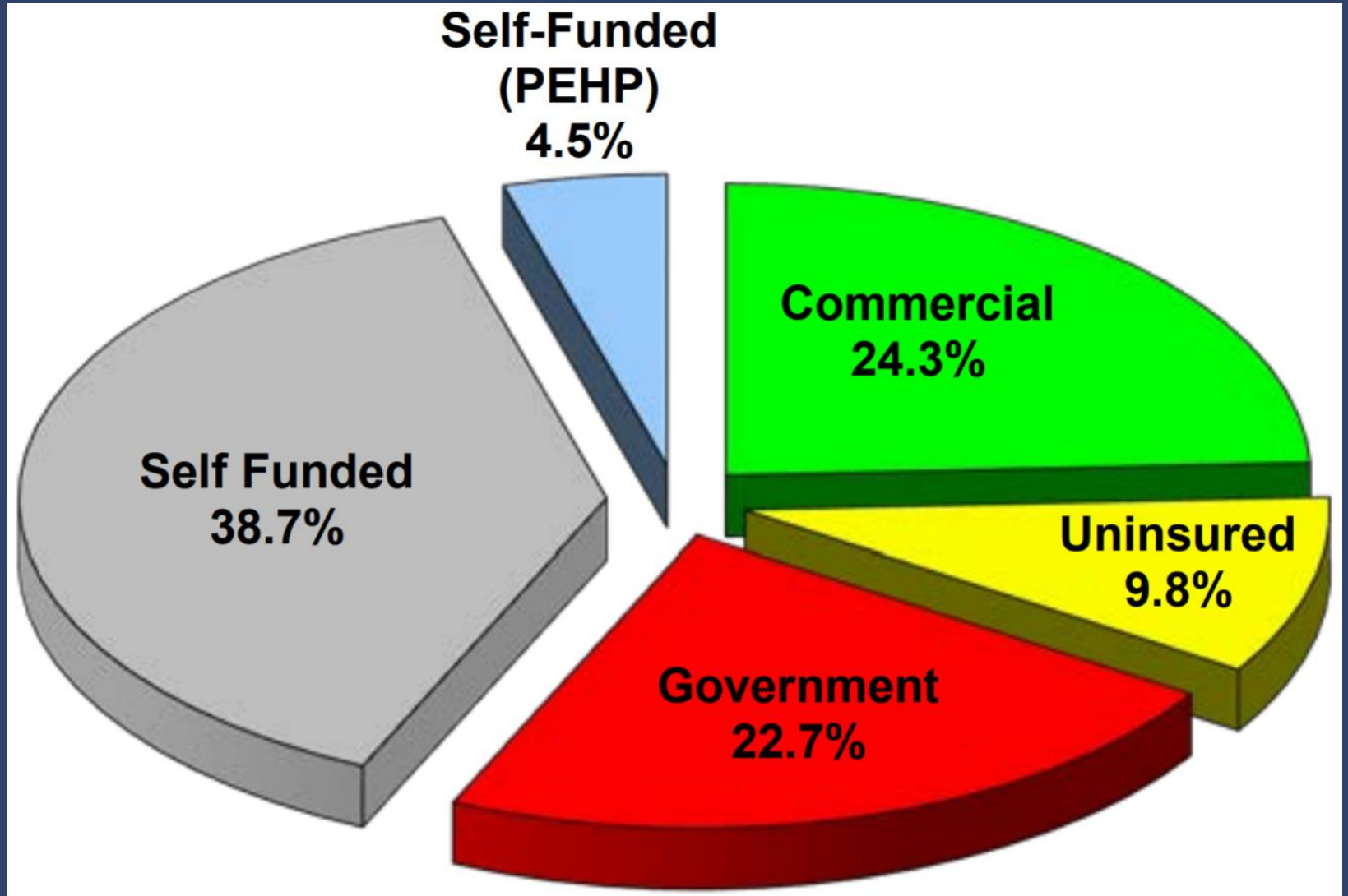
⁶ Current rates are available at: <https://dfr.oregon.gov/help/committees-workgroups/Pages/balancebilling-reimbursement-rac.aspx>



State Regulatory Reach

Table 1. Estimate of Health Insurance Coverage for 2017

Coverage Type	Population Estimate	Percent of Population
Government Sponsored Plans	703,277	22.7%
Medicare	371,770	12.0%
Medicaid	298,251	9.6%
Children's Health Insurance Program (CHIP)	19,651	0.6%
Primary Care Network (PCN)	13,605	0.4%
Employer Sponsored Self-Funded Plans	1,340,238	43.2%
Plans Administered by Commercial Insurers	708,093	22.8%
Public Employee Health Program (PEHP)	139,377	4.5%
Federal Employee Health Benefit Plan (FEHBP)	114,497	3.7%
Other Known Self-Funded Plans	63,236	2.0%
Other Self-Funded Plans (Estimated)	315,035	10.2%
Commercial Health Insurance Plans	754,318	24.3%
Group	548,326	17.7%
Individual	205,992	6.6%
Uninsured	304,000	9.8%
Total	3,101,833	100.0%





Federal Response

Three Proposals

	No Surprises Act House Draft May 13	Stopping the Outrageous Practice of Surprise Bills Act of 2019 Senate Bill May 16	Lower Health Care Costs Act Senate Draft May 23
ERISA Self-Insured (federally regulated)	Congress	Congress	Congress
Fully-Insured (state regulated)	State override	State override	State override

Derived from:

1. "Employee Benefits & Executive Compensation and Health Care Legislative & Public Policy Advisory: No Surprise, Congress Focuses on Surprise Billing." Alston & Bird, June 7, 2019.
<https://www.alston.com/en/insights/publications/2019/06/surprise-billing>
2. "Surprise Billing Comparison: What you Need to Know (Updated June 10, 2019)." McDermott+Consulting, June 10, 2019.
<https://www.mcdermottplus.com/insights/surprise-billing-comparison-what-you-need-know-updated/>



Federal Response

Three Proposals

	No Surprises Act House Draft May 13	Stopping the Outrageous Practice of Surprise Bills Act of 2019 Senate Bill May 16	Lower Health Care Costs Act Senate Draft May 23
Payment of Out of Network Providers	Median contracted rate No arbitration specified	Median in-network Arbitration (baseball-style, 30-days)	3 options: 1. In-network facilities All practitioners, diagnostic services & labs must be in-network (either contracted with or billed through facility, with no balance billing) Out-of network facilities ER services Median contracted rate if no resolution Post-ER services Apparently #2 or #3 2. <=\$750: median contracted rate >\$750: IDR + arbitration (baseball-style) 3. Median contracted rate

Derived from:

1. "Employee Benefits & Executive Compensation and Health Care Legislative & Public Policy Advisory: No Surprise, Congress Focuses on Surprise Billing." Alston & Bird, June 7, 2019. <https://www.alston.com/en/insights/publications/2019/06/surprise-billing>
2. "Surprise Billing Comparison: What you Need to Know (Updated June 10, 2019)." McDermott+Consulting, June 10, 2019. <https://www.mcdermottplus.com/insights/surprise-billing-comparison-what-you-need-know-updated/>



	No Surprises Act House Draft May 13	Stopping the Outrageous Practice of Surprise Bills Act of 2019 Senate Bill May 16	Lower Health Care Costs Act Senate Draft May 23
Cost Sharing for Out-of-Network ER Services	In-network cost sharing No balance billing	In-network cost sharing No balance billing	In-network cost sharing No balance billing
Cost Sharing for Out-of-Network Non-ER Services at In-Network Facility	In-network cost sharing		
	Balance billing OK with: Notice Consent Charges estimate		
	Does not apply to: Emergency providers Anesthesiologists Pathologists Neonatologists Assistant surgeons Hospitalists Intensivists Others	In-network cost sharing No balance billing	In-network cost sharing No balance billing

1. "Employee Benefits & Executive Compensation and Health Care Legislative & Public Policy Advisory: No Surprise, Congress Focuses on Surprise Billing." Alston & Bird, June 7, 2019. <https://www.alston.com/en/insights/publications/2019/06/surprise-billing>
2. "Surprise Billing Comparison: What you Need to Know (Updated June 10, 2019)." McDermott+Consulting, June 10, 2019. <https://www.mcdermottplus.com/insights/surprise-billing-comparison-what-you-need-know-updated/>



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Transparency – Insurers	No provision	Report expected cost sharing within 48 hrs. Online price information by site of care Report OON claims info. to HHS	Patient directories online or within 24 hrs. Patient protection for directory misinformation Cost sharing estimate within 48 hrs., including related services
Transparency – Providers	No provision	Report expected cost sharing within 48 hrs., Including related services	Cost sharing estimate within 48 hrs., including related services List of services at discharge
Transparency – Hospitals	No provision	Ancillary services (lab techs, phlebotomists, other technicians) must be included in hospital bill	List of services at discharge

Derived from:

1. "Employee Benefits & Executive Compensation and Health Care Legislative & Public Policy Advisory: No Surprise, Congress Focuses on Surprise Billing." Alston & Bird, June 7, 2019. <https://www.alston.com/en/insights/publications/2019/06/surprise-billing>
2. "Surprise Billing Comparison: What you Need to Know (Updated June 10, 2019)." McDermott+Consulting, June 10, 2019. <https://www.mcdermottplus.com/insights/surprise-billing-comparison-what-you-need-know-updated/>



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Air Ambulance	No provision	No provision	Break out costs of travel, services, and supplies
Penalties	Yes	Yes	Yes

Derived from:

1. "Employee Benefits & Executive Compensation and Health Care Legislative & Public Policy Advisory: No Surprise, Congress Focuses on Surprise Billing." Alston & Bird, June 7, 2019. <https://www.alston.com/en/insights/publications/2019/06/surprise-billing>
2. "Surprise Billing Comparison: What you Need to Know (Updated June 10, 2019)." McDermott+Consulting, June 10, 2019. <https://www.mcdermottplus.com/insights/surprise-billing-comparison-what-you-need-know-updated/>

OFFICE OF LEGISLATIVE RESEARCH AND GENERAL COUNSEL

Health Reform Task Force

June 17, 2019